

## Annual Report for Tier 2 Growers

Name: \_\_\_\_\_ AW# \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### I. Education

Number of Regional Water Board-approved water quality education hours completed.

\_\_\_\_\_ (Please attach certificates if you have not already sent them in)

2. If you were **unable to complete** the required minimum 5 hours this year, check any reasons that apply:

- ☐ Language-appropriate classes/materials were not available (give language \_\_\_\_\_)
- ☐ The UCCE Farm Water Quality short course I was signed up for was cancelled (give date: \_\_\_\_\_ and attach UCCE letter)
- ☐ I am enrolled in an appropriate up-coming UCCE Farm Water Quality Planning short course (provide date and location: \_\_\_\_\_ and attach confirmation of enrollment)

### II. Farm Plan

Describe progress toward completing a farm water quality management plan. Include any difficulties or barriers encountered if applicable.

### III. Management Practice Implementation

1. Please describe progress toward implementing management practices to protect water quality. Include any difficulties or barriers encountered if applicable.

2. Complete the Management Practice Checklist Update on the reverse side.